MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962 318 Registration District No. 1003 Primary Registration District No. Registrar's No. 3130

62-012475 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY ST MO
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS MO
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER PHILLIPS
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY
c. CITY OR TOWN ST LOUIS MO
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2210 CASS Apt 507
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First SPENCER Middle JR Last BOONE

4. DATE OF DEATH Month March Day 22 Year 1962

5. SEX male

6. COLOR OR RACE negro

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2/ 28/ 82

9. AGE (last birthday) 80 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Labor.

11. BIRTHPLACE (City and state or country) Elsberry MO

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME SPENCER BOONE

13b. MOTHER'S MAIDEN NAME ANN BLANTON

14. NAME OF HUSBAND OR WIFE ROSSIE BOONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.

17. INFORMANT Address Rossie Boone 2210 Cass. apt 507

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteria Sclerosis
DUE TO (c) Chronic Nephritis
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None 592X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 4-1962 to and last saw her him alive on March 19-1962
Death occurred at 2 am Nancy P Phillips Hospital on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Moore M.D.

22b. ADDRESS 2330 Franklin Ave

22c. DATE SIGNED 3/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify) moter

23b. DATE 3/ 25/62

23c. NAME OF CEMETERY OR CREMATORY Elsberry

23d. LOCATION (City, town, or county) (State) Elsberry Missouri

24. FUNERAL DIRECTOR ADDRESS Porter Funeral Home, 3028 Dickson ST

25. DATE RECD. BY LOCAL REG. MAR 23 1962

26. REGISTRAR'S SIGNATURE Hoard Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.